

REQUEST FOR ADDITIONAL REVIEW

FORM 7A

 MENTAL HEALTH
ACTS 2001
to 2018
SECTION 15

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Mental Health Tribunal Manager
Mental Health Tribunal Division
Mental Health Commission
Waterloo Exchange
Waterloo Road
Dublin 4
D04 E5W7

Date:

**Re: Additional Review pursuant to Section 15 (3)(b) of the Mental Health Act 2001 (as amended)
(the "2001 Act")**

Dear Sir / Madam,

I am currently detained on a renewal order, which was made on _____ [insert date].

I am detained in _____ [insert name of approved centre].

I wish to apply to have an additional review, which additional review shall consider whether I am suffering from a mental disorder on the date of the review.

Yours sincerely,

Print Name: _____

Signature: _____

NOTE – 1. This Form can be submitted by you, by your legal representative on your behalf or by the Approved Centre on your behalf.

2. This Form can be submitted by post, via the secure fax at the approved centre or to additionalreview@mhcirl.ie.